

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91309 010 ***150.00

DOCUMENT # K59108

1. Entity Name

CROSSROADS INSURANCE AGENCY, INC.

Principal Place of Business

16423 ML KING BLVD
 PO BOX 1390
 ALACHUA FL 32615
 US

Mailing Address

4020 US 441 NORTH
 PO BOX 1390
 ALACHUA FL 32616
 US

2. Principal Place of Business

16407-B N.W. 174th DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32616-1390

4. FEI Number **59-2932307**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, JOHN H.
 1230 SOUTH MAIN STREET
 GAINESVILLE FL 32601

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KEENEY, MALCOLM S. 18152 SW 111TH ST BROOKER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KEENEY, CYNTHIA D. 18152 SW 111TH ST BROOKER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KEENEY, MALCOLM S. 18152 SW 111TH ST BROOKER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 (904)462-1086

CR2E034 (10/00)